Name in Full: Naida Wilkins Adkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marion Station; County: Somerset

Date of death 1904: Month: Jan.; Day: 3; Age: Years: 23; Months: 8; Days: 29

Sex: Female; Color or Race: White; Birthplace: Somerset Co. Md.

Married, Single or Widowed: Married; Occupation: House-wife

Name of ~~Wife or~~ Husband: William J. L. Adkins

Father's Name: Archillas Martin Hastings; Father's Birthplace: Wicomico Co. Md.

Mother's Maiden Name: Martha Anna Rue; Mother's Birthplace: Accomac Co. Va.

Name of person giving In formation: Bert Hastings; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: Two Years

Immediate: Exhaustion; How long: Six hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. B. B. Ewell M.D.

Address: Marion Station, Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full

Certificate of Death

Sarah Jane Bonnett.

Died at Princess Anne (Town) Somerset (County) MARYLAND

Date 1904 Month 1 Day 21 | Age Y. 73 M. D. | Native of Somerset County | Occupation housewife

~~Male~~ Female | White ~~Colored~~ | Married Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 5

Husband of Wife John W Bonnett.

Father's Name Thomas Martin | Mother's Maiden Name Emily Somers

Cause of Death: Primary Paralysis | How long sick 1 month

Immediate Uraemia | ~~Accident, Suicide, Homicide~~

Reported by W. H. Goldsborough M.D.

Address Princess Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: John Brennan.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rivet Neck — County: Somerset

Date of death 1904: Month: June — Day: 3rd

Age: Years: 5 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Rivet Neck

Married, Single or ~~Widowed~~ — Occupation: Waterman

Name of Wife or Husband: Lottie Brennan

Father's Name: Richard Brennan — Father's Birthplace: Somerset

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: D. J. Bennett — How related to deceased: Son in Law

1-54

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long

Immediate: 11 11 — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88513

Name in Full: James Manly Brittingham

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crisfield — County: Somerset

Date of death 190 4 — Month: 1 — Day: 6 — Age — Years: 1 — Months: — — Days: 1

Sex: Male — Color or Race: Black — Birthplace: Crisfield Md

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Joseph S Brittingham — Father's Birthplace: Pocomoke City

Mother's Maiden Name: Lillie M. Brittingham — Mother's Birthplace: Lawsonia Va

Name of person giving Information: Soldata M. B. — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Cerebellary Bronchitis — How long: one week

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W F Hall

Address: Crisfield

Accident or Suicide? no

PHYSICIAN OR CORONER

LIBRARY BUREAU A88318

Name in Full

Butler

Certificate of Death

Died at Town Belair County Harmount Harf. MARYLAND

Date 1903 Month 1 Day 3 | Age Y. 2 M. D. | Native of Md. | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | Divorced | Number of children living

Husband of

Wife

Father's Name Gordon Butler

Mother's Name [illegible]

Cause of Death: Primary Marasmus

Immediate

How long sick

Accident, Suicide, Homicide

Reported by E. W. Gill M. D.

Address Bel Air Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: James Church

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Kingston — County: Somerset

Date of death 1904 — Month: 1 — Day: 27

Age — Years: 76 — Months: 11 — Days: 1

Sex: Male — Color or Race: Colored — Birthplace: Somerset Co Md

Married, Single or Widowed: Married — Occupation: Farming

Name of Wife or Husband: Mary Townsend

Father's Name: Benjamine Dennis — Father's Birthplace: Worcester Co

Mother's Maiden Name: Betsie Ballard — Mother's Birthplace: Somerset Co

Name of person giving Information: Levin J Church — How related to deceased:

1-4

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility — How long: 3 years

Immediete: Exhaustion — How long: immediately

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of: Levin J Church

Address: his son.

Accident or Suicide?

Kingston Maryland

LIBRARY BUREAU A38516

Name in Full

Certificate of Death

Mrs Irene Broughton Cluff

Died at Town: New Pocomoke City County: Somerset MARYLAND

Date 1904	Month: 1	Day: 7	Age: Y. 66 M. D.	Native of: Md	Occupation: Wife
~~Male~~ Female	White / ~~Colored~~	Married / ~~Single~~	~~Widow~~ / ~~Widower~~	~~Divorced~~	Number of children living: 8

~~Husband~~ Wife of Robert W. Cluff

Father's Name: William Broughton — Mother's Maiden Name: Elizabeth Broughton

Cause of Death — Primary: Fraction neck of femur — How long sick: 4 weeks

Immediate: Heart failure — Accident, ~~Suicide~~, ~~Homicide~~

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Reported by L. V. King

Address Pocomoke City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Julia A. Corbett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deals Island; County: Somerset

Date of death 1904: Month: Jan; Day: 13; Years: Age 62; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Deals Island

Married, Single or Widowed: Widow; Occupation: Housewife

Name of Wife or Husband: William Corbett

Father's Name: Nathaniel Webster; Father's Birthplace: Md

Mother's Maiden Name: Sallie White; Mother's Birthplace: Md

Name of person giving information: Ollie Corbett; How related to deceased: Daughter in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Debility; How long: 2 months

Immediate: Asthenia; How long: 3 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. G. Alexander

Address: Deals Island Md

Accident or Suicide?

LIBRARY BUREAU A66518

Name in Full: Lillian Foreman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marion — County: Somerset

Date of death 1904: Month: 1 — Day: 5

Age: Years: — Months: 11 — Days: 20

Sex: Female — Color or Race: Colored — Birthplace: Somerset Co

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: David Foreman — Father's Birthplace: Virginia

Mother's Maiden Name: Eliza Whittington — Mother's Birthplace: Maryland

Name of person giving information: David Foreman — How related to deceased: Father

CAUSES OF DEATH

Primary: Croup — How long: 2 months

Immediate: Apopaxy in throat — How long: immediately

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: A W Dixon

No physician in charge. — Address: Undertaker

Accident or Suicide? — Marion Station Md

LIBRARY BUREAU A88918

Name in Full: Wells Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fairmount — County: Somerset

Date of death 1904: Month: January — Day: 25 — Years: Age 84 — Months: — — Days: —

Sex: male — Color or Race: Black — Birthplace: Fairmount

Married, Single or Widowed: Widower — Occupation: Farmer

Name of Wife or Husband:

Father's Name: Dont Know — Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

15-4

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. A. Ford Manitoken

Address: Landonville, Md. Somerset County

Accident or Suicide?

LIBRARY BUREAU A88316

From
Thos. W. Landon
Sandersville
Miss

Name in Full: Vaughan S. Hayman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wests County: Somerset

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Jan.	Day: 8th	Age: Years 44	Months 5	Days —
Sex: Male	Color or Race: White		Birthplace: Somerset Co. Md.		
Occupation: Merchant	Where Residing if not at place of death:		at his home		
Married, ~~Single or Widowed~~: Married	Name of Wife or Husband: Sallie P. Hayman				
Father's Name: Thos. J. Hayman			Father's Birthplace: Maryland		
Mother's Maiden Name: Margaret Hayman			Mother's Birthplace: "		
Name of person giving information: Chas. L. Dickerson			How related to deceased: Brother in law		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician
	Address
Accident or Suicide?	

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LIBRARY BUREAU A88816

Dr. J. I. T. Long of Allen was the last Doctor to visit him and it was impossible for me to get certificate before the burial Yours Truly

Geo. E. Hill
(Undertaker) Salisbury
Md.

Name in Full: Baby Horsey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Liberia — County: Somerset

Date of death 190 4 — Month: Jan — Day: 30 — Age: ~~One Day~~ — Years: — Months: — Days: 1

Sex: Male — Color or Race: Black — Birthplace: Liberia

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: Ora Horsey — Mother's Birthplace:

Name of person giving In formation: " " — How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Eclampsia — How long: of Mother

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. Hearnbourne

Address: Crisfield, Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU ADDSIS

Name in Full: Magdlene Howard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bedsworth — County: Somerset

Date of death 190 4 — Month: 1 — Day: 20 — Age: Years: 5 8 — Months: 6. — Days: —

Sex: Female — Color or Race: White — Birthplace: Hopewell Va

Married, Single or Widowed: widow — Occupation: Oyster shucker

Name of ~~Wife or~~ Husband: Wm. D Howard

Father's Name: Solomon Bradshaw — Father's Birthplace: —

Mother's Maiden Name: Mary Russell - 93 — Mother's Birthplace: —

Name of person giving information: Margaret C Sisly — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cleuro-Pneumonia — How long: 5 days

Immediate: Gradual Heart Failure — How long: one day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. G. Hall

Address: Crisfield Md

Accident or Suicide? no

LIBRARY BUREAU A6851G

Name in Full: Maud L Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cruile — County: Somerset

Date of death 190 4 — Month: Jan — Day: 31 — Age: Years — — Months: 4 — Days: —

Sex: Male ~~Female~~ — Color or Race: Blk — Birthplace: Md

~~Married~~, Single or Widowed — Occupation:

~~Name of Wife or Husband~~

Father's Name: Louis Johnson — Father's Birthplace: Missouri

Mother's Maiden Name: Julia Jones — Mother's Birthplace: Md

Name of person giving In formation: Louis Johnson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: 5 days

Immediate: Exhaustion — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R K Hoyt M.D.

Address: Cruile P.O. Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name In Full

John K. Jones

Certificate of Death

Died at Town: Marion Station, County: Somerset, MARYLAND

Date 19 04 — Month: Jan. — Day: 23 — Age: Y. 42, M. 3, D. 14, — Native of: Balto. Md. — Occupation: Moulder

Male — ~~Female~~ — White — ~~Colored~~ — ~~Married~~ — Single — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — Number of children living —

Husband of / Wife

Father's Name: Thomas J. Jones — Mother's Maiden Name: Elizabeth Bravey

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: Six Months

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by: O. T. B. Revell M. D.

Address: Marion Station, Somerset County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY OF DEAN, ZIBLE

Name in Full: Unnamed babe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ariole; County: Somerset

Date of death 1904: Month: Jan; Day: 31

Age: Years: ~~Years~~; Months: 1; Days: 6

Sex: Male; Color or Race: White; Birthplace: Ariole

Married, Single or Widowed: ~~Married, Single or Widowed~~; Occupation: ~~Occupation~~

Name of Wife or Husband: ~~Name of Wife or Husband~~

Father's Name: Moses Nutter; Father's Birthplace: Md

Mother's Maiden Name: Mollie Reese; Mother's Birthplace: Md

Name of person giving information: Wm Nelson; How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Septicaemia; How long: 2 weeks

Immediate: Exhaustion; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R L Stoyle

Address: Ariole D. Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary E. Parker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crisfield; County: Somerset

Date of death 1904: Month: Jan; Day: 28; Age: Years: 38; Months: 1; Days: 12

Sex: female; Color or Race: White; Birthplace: Somerset Co

Married, Single or Widowed: Married; Occupation: Housework

Name of Wife or Husband: Joseph S Parker

Father's Name: Geo W Parker; Father's Birthplace: Somerset Co

Mother's Maiden Name: Elizabeth Ford; Mother's Birthplace: Somerset Co

Name of person giving information: Joseph S Parker; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure to Cold & dampness; How long

Immediate: Pneumonia; How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O E Collins

Address: Crisfield

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full: James Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Princess Anne — County: Somerset

Date of death: 1904 — Month: 1 — Day: 3 — Age — Years: 105 — Months: 2 — Days: 8

Sex: Male — Color or Race: Col. — Birthplace: Princess Anne

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single. — Name of Wife or Husband

Father's Name: James Smith — Father's Birthplace: [illegible]

Mother's Maiden Name: Mary Jones. — Mother's Birthplace: [illegible]

Name of person giving Imformation: [illegible] — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. M. Dashiell

Address

Accident or Suicide?

LIBRARY BUREAU A8S516

Name in Full

Certificate of Death

Charles Rufus Somers

Died at Town: Lonaconing County: Somerset MARYLAND

Date 1900 Jan. Month: 1 Day: 3 | Age Y. 2 M. 10 D. 14 | Native of Md | Occupation none

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of Wife

Father's Name Charles H Somers | Mother's Name Lena M Somers

Cause of Death: Primary Scarlet Fever | How long sick 12 days

Immediate Nephritis | ~~Accident, Suicide, Homicide~~

Reported by W. F. Hall, MD.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Hiram Brackett

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Princess Anne (County) Somerset

Date of death 1904 Month: Jany. Day: 26 Years: Age 21 Months: Days:

Sex: Male Color or Race: White Birthplace:

Occupation: Boarder Where Residing if not at place of death: Princess Anne Md

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Theodore Walker Father's Birthplace:

Mother's Maiden Name: Elyora Walker Mother's Birthplace:

Name of person giving Imformation: Chas. W. Dennis Jr. How related to deceased: None at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis How long: 2 years

Immediate: Asthenia How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. W. Dennis Jr.

Address: Princess Anne Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Mary Ward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield; County: Somerset

Date of death 190 4: Month: 1; Day: 17

Age: Years: 68; Months: —; Days:

Sex: Female

Color or Race: White

Birthplace: Crisfield Md

Married, Single or Widowed: Widow

Occupation: Housekeeping

Name of ~~Wife or~~ Husband: Wm. E. Ward

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

30.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Post-pharyngeal Abscess — How long: 6 days

Immediate: Heart. — How long: 6 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Hall

Address: Crisfield Md

Accident or Suicide? no

LIBRARY BUREAU A66910

Name in Full: Nancy Ward

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crisfield — County: Somerset

Date of death 1904 — Month: 1 — Day: 3 — Age — Years: 73 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Crisfield Md

Married, Single or Widowed: Married — Occupation: Housewife

Name of ~~Wife of~~ Husband: Lewis Ward

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Rheumatism — How long: one year

Immediate: Exhaustion — How long: one year

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Hall

Address: Crisfield Md

Accident or Suicide? no

LIBRARY BUREAU A89516

Name in Full: Nancy N. Ward.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield; County: Somerset

Date of death 1904: Month: Jan.; Day: 14; Age: Years: 76; Months; Days

Sex: Female; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Married; Occupation: Housekeeper

Name of Wife or Husband: Lewis Ward

Father's Name:

Father's Birthplace: Md.

Mother's Maiden Name: 48

Mother's Birthplace: "

Name of person giving Information: Travis Ward

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism.

How long: Several years

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician: J. F. Somers

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A0S518

Name in Full: Levin L Waters

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Upper Fairmount — County: Somerset

Date of death 1904: Month: Jan — Day: 28th — Age: Years 36 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Fairmount

Married, Single or Widowed: Single — Occupation: Oyster Shucker

Name of Wife or Husband:

Father's Name: John Waters — Father's Birthplace: Somerset Co

Mother's Maiden Name: Maria Sudler — Mother's Birthplace: Somerset Co

Name of person giving In formation: Adolphus Waters — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Capillary Bronchitis — How long: One Month

Immediete: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G E Dickinson

Address: Upper Fairmount Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Earnest Philip Winnite

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Vernon — County: Somerset Co

Date of death: Month: Jan — Day: 12 — Year: 1904 — Age: Years: 2 — Months: 6 — Days:

Sex: Male — Color or Race: Black — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: Mt vernon

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Earnest Winnite — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Winnite — Mother's Birthplace: Maryland

Name of person giving Imformation: Earnest Winnite — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 6 months

Immediate: Intestinal hemorrhage — How long: three days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: under taker

Address: Dale. Dorchester

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full

Certificate of Death

Died at Town: Crapo County: Somerset MARYLAND

Date 1904 Month: Jan Day: 28 | Age Y. 5 M. D. | Native of md. | Occupation —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | ~~Divorced~~ Number of children living 5

Husband of Wife

Father's Name George Wright

Mother's Name Hattie Bivans

Cause of Death — Primary: Whooping Cough & Pneumonia

Immediate: unknown.

How long sick

Accident, Suicide, Homicide

Reported by W. W. Evans

Address Deals Island md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Rec'd information
from Isabel Wright grand
Father